

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

OCT 31 2012

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

DIVISION

JAMES W. McCORMACK, CLERK
By: _____ CLERK

CASE NO. 1:12 CV 00113 SWP/JJV

Jury Trial: ☒ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

Name of plaintiff: RONALD STEWART - TUCKER
ADC # 144658

Address: 300 CORRECTIONS DRIVE, NEWPORT, AR. 72412

Name of plaintiff: _____
ADC # _____

Address: _____

Name of plaintiff: _____ This case assigned to District Judge Wright
ADC # _____ and to Magistrate Judge Polpe

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: MELVIN NANCE

Position: MEDICAL DOCTOR

Place of employment: GRIMES UNIT

Address: 300 CORRECTIONS DRIVE, NEWPORT, AR. 72412

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

- ☐ Court (if federal court, name the district; if state court, name the county):

- ☐ Docket Number: _____
- ☐ Name of judge to whom case was assigned: _____
- ☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- ☐ Approximate date of filing lawsuit: _____
- ☐ Approximate date of disposition: _____

IV. Place of present confinement: GRIMES UNIT - 300 CORRECTIONS DRIVE
NEWPORT, AR. 72112

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges

_____ serving a sentence as a result of a judgment of conviction

_____ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes X No _____

Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes X No _____

If not, why? _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I went To go get my 7:00 PM medications ON 10/23/12
AND I received Both OF my meds. At that time.
Then AGAIN ON 10/24/12 AT 7:00 PM. AND this medication
FOR my Aches AND PAINS AND Sleep, - CALLED NAROTIN
WAS Refused Me, - FOR A Second Time.

This medication IS FOR my well Being
OTHERWISE I SUFFER PAIN AND Sleepless
Nights,

The Doctor Responsible FOR ~~it~~ it that
I receive this medication is Melvin NANCE.

ON 10/27/12 - I went to Sick Call AND I saw MS.
~~Pigmon~~ PIGMON The NURSE, - anyway she went through
my medical Folder AND she told me THAT DR. NANCE
said that he had discontinued my NAROTIN Bed
Medication. I would have believed that ~~he~~ he would
have Replaced it with something else, But he did not,
he knew my health situation. I AM holding him
Responsible FOR my health Suffering AND Pain.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WANT MEDICAL TO PAY FOR MY PAIN AND SUFFERING,
3.8 MILLION DOLLARS,

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this _____ day of _____, 20____.

Ronald Stewart Tucker
Signature(s) of plaintiff(s)